

SOUTH DAKOTA COUNSELING

ORIENTATION CHECKLIST

1. () Program Purpose and descriptions of the treatment process
2. () All relevant agency policies, including rules that govern client conduct and infractions
3. () Hours Services are Available
4. () Fees for services and the responsibility for payment of those fees
5. () Right to Confidentiality
6. () Rights of Clients
7. () Additional areas covered by Agency policy
 - Alcohol and Drug Screen, if appropriate
 - Consent to treatment
 - Grievance procedure
 - Discharge Criteria
 - Continued care
8. () I have read and understand the items listed above, and I agree to adhere to the policies and guidelines contained herein. My failure to do so may result in, DISCHARGE FROM THE PROGRAM.

CLIENT SIGNATURE

DATE

WITNESS

DATE

••••• CONFIDENTIAL •••••

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulation. A general authorization for the release of medical information is not sufficient for this purpose.